

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-007996

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 28  
**FILED FEB 28 1963**
VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Louisiana</u>		c. CITY OR TOWN <u>510 N. 5th</u>	
c. FULL NAME OF (If NOT, in hospital, give location) <u>Station Dewey's Standard Service</u>		d. STREET ADDRESS (If outside, give location) <u>Louisiana,</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HENRY PIERCE</u>		4. DATE OF DEATH Month Day Year <u>Feb. 22 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-23-93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	
11. BIRTHPLACE (City and state or country) <u>Peari, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Lucies (Luke) Pierce</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Hendrix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Hank Swisher</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[redacted]</u>		20f. CITY, TOWN, OR LOCATION <u>[redacted]</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on <u>Feb. 22</u> Death occurred at <u>11:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2-22-63</u>	
22a. SIGNATURE (Degree or title) <u>J. O. Midd. Conner</u>		22b. ADDRESS <u>Bauring Green Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-25-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Pond Cem.</u>	
24. FUNERAL DIRECTOR <u>Geo. M. Collier, Louisiana, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-25-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		27. DATE <u>2-25-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 4 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Geo M. Collin*

Licensed Embalmer No.

*3829*

P. O. Address

*Louisiana, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.